

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

15309

FILED APR 21 1953

BIRTH NO. REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3006 Registrar's No. 109

1. PLACE OF DEATH a. COUNTY Randolph		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Randolph	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wabash Employees' Hospital		d. STREET ADDRESS (If rural, give location) 213 North Morley	
3. NAME OF DECEASED (Type or Print) a. (First) WALTER b. (Middle) WILLIAM c. (Last) BEBERMEYER		4. DATE OF DEATH (Month) (Day) (Year) April 14, 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 4, 1886
9. AGE (In years last birthday) 66		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Train Caller	11. BIRTHPLACE (City and State or Foreign Country) Mo.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Train Caller		10b. KIND OF BUSINESS OR INDUSTRY Railroad	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME William Bebermeyer		13b. MOTHER'S MAIDEN NAME Unknown REBECCA MEANS	14. NAME OF HUSBAND OR WIFE Nobia
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO 702-05-9195	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Nobia Bebermeyer, Moberly, Mo.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anaerobic Cellulitis abdominal wall & perineum. (b) Peri-Rectal Abscess (c) Common Bile Duct Stone & chronic cholecystitis 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 3/6/53		19b. MAJOR FINDINGS OF OPERATION Common duct stones with common duct obstruction	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH 10 days 2 weeks 584x	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Not an injury
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR	
22. I hereby certify that I attended the deceased from Feb. 25, 1953, to Apr. 14, 1953, that I last saw the deceased alive on Apr. 14, 1953, and that death occurred at 7:45 A.M., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) M.D. Chs		23b. ADDRESS 415 Woodland Avenue Moberly, Missouri	
23c. DATE SIGNED 4/14/53		23d. LOCATION (City, town, or county) (State) Moberly, Mo.	
24a. BIRTHPLACE (City and State or Foreign Country) Mo.		24b. CITIZEN OF WHAT COUNTRY?	
24c. NAME OF CEMETERY OR CREMATORY Oakland		24d. LOCATION (City, town, or county) (State) Moberly, Mo.	
24e. DATE 4-16-53		24f. NAME OF CEMETERY OR CREMATORY Oakland	
24g. LOCATION (City, town, or county) (State) Moberly, Mo.		24h. NAME OF CEMETERY OR CREMATORY Oakland	
24i. DATE 4-16-53		24j. NAME OF CEMETERY OR CREMATORY Oakland	
24k. LOCATION (City, town, or county) (State) Moberly, Mo.		24l. NAME OF CEMETERY OR CREMATORY Oakland	
24m. DATE 4-16-53		24n. NAME OF CEMETERY OR CREMATORY Oakland	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 23 1968

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Frank W. Wirt

Licensed Embalmer No. 3021

P. O. Address Wichita, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.